



## Application Data Sheet

### Application Information

|                                  |  |
|----------------------------------|--|
| Application Type::               | Regular  |
| Subject Matter::                 | Utility  |
| Suggested Group Art Unit::       | 2876   |
| Title::                          | CASH DISPENSING AUTOMATED BANKING<br>MACHINE DIAGNOSTIC DEVICE |
| Attorney Docket Number::         | D-1182 R2  |
| Request for Early Publication?:: | No   |
| Request for Non-Publication?::   | Yes  |
| Suggested Drawing Figure::       | 1  |
| Total Drawing Sheets::           | 32   |
| Small Entity::                   | No   |
| Petition included?::             | No   |
| Secrecy Order in Parent Appl.?:: | No   |

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Steven  
Middle Name::  
Family Name:: Shepley  
Name Suffix::  
City of Residence:: Uniontown  
State or Province Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 4088 Meadow Wood Lane  
City of mailing address:: Uniontown  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44685

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Glenda  
Middle Name::  
Family Name:: Griswold  
Name Suffix::  
City of Residence:: North Canton  
State or Province Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 2673 St. Albans Circle, N.W.  
City of mailing address:: North Canton  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44720

**Correspondence Information**

Correspondence Customer Number:: 28995

**Representative Information**

|                                  |       |
|----------------------------------|-------|
| Representative Customer Number:: | 28995 |
|----------------------------------|-------|

**Domestic Priority Information**

| Application::    | Continuity Type::                                       | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/429,249           | 11/25/2002           |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/429,250           | 11/25/2002           |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/429,476           | 11/26/2002           |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/429,521           | 11/26/2002           |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/429,528           | 11/26/2002           |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/453,370           | 3/10/2003            |

|                  |   |            |            |
|------------------|---|------------|------------|
| This Application | An application<br>claiming the benefit<br>under 35 USC 119(e) | 60/465,733 | 04/25/2003 |
|------------------|---|------------|------------|

### Assignee Information

Assignee Name::

Diebold Self-Service Systems

Division of Diebold, Incorporated

City of mailing address::

North Canton

State or Province of mailing address::

OH